

MAIL TO: EDS
P.O. BOX 31188
RALEIGH, N.C. 27622

12. REASON PROCEDURE IS NECESSARY TO PATIENT'S HEALTH:

(b) GIVE DATES OF ANY PREVIOUS PRIOR APPROVAL(S) GRANTED _____

16. DATE _____

SIGNATURE

17. PLACE OF SERVICE
(SEE OTHER SIDE FOR CODE)

APPROVAL CONSTITUTES MEDICAL APPROVAL FOR SERVICES ONLY. ELIGIBILITY FOR CARE ON THE DATE(S) THE SERVICES ARE PROVIDED SHOULD BE VERIFIED FROM THE PATIENT'S MEDICAID CARD.

(ZIP CODE)

372-118